

<i>SERFF Tracking Number:</i>	<i>AENX-125882231</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40733</i>
<i>Company Tracking Number:</i>	<i>AH AR0079201F01</i>		
<i>TOI:</i>	<i>H04 Health - Blanket Accident/Sickness</i>	<i>Sub-TOI:</i>	<i>H04.001 Student</i>
<i>Product Name:</i>	<i>2008 Student Health</i>		
<i>Project Name/Number:</i>	<i>2008 Student Health/AH AR0079201F01</i>		

Filing at a Glance

Company: Aetna Life Insurance Company

Product Name: 2008 Student Health

TOI: H04 Health - Blanket Accident/Sickness

Sub-TOI: H04.001 Student

Filing Type: Form

SERFF Tr Num: AENX-125882231 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 40733

Co Tr Num: AH AR0079201F01

State Status: Approved-Closed

Co Status:

Reviewer(s): Rosalind Minor

Author: SPI AetnaSPI

Disposition Date: 11/03/2008

Date Submitted: 10/31/2008

Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: 2008 Student Health

Project Number: AH AR0079201F01

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/03/2008

State Status Changed: 11/03/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Blanket

Deemer Date:

The purpose of this filing is to both extend the availability of accidental death and dismemberment coverage to dependents of covered students at the policyholder's election, and to include additional policyholder options, such as:

- An overall aggregate maximum benefit for all accidental death and dismemberment losses;

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- a new accidental death and dismemberment loss schedule and definition;
- administrative provisions for assignment of benefits and fraud;
- additional exclusions;
- additional accidental death and dismemberment benefits for exposure and disappearance.

Company and Contact

Filing Contact Information

John Ciesielski, Product and Regulatory Affairs CiesielskiJW@Aetna.com
Manager

151 Farmington Avenue (860) 279-1282 [Phone]
Hartford, CT 06156 (860) 952-2069[FAX]

Filing Company Information

Aetna Life Insurance Company CoCode: 60054 State of Domicile: Connecticut
151 Farmington Avenue Group Code: 1 Company Type:
Hartford, CT 06156 Group Name: Aetna State ID Number:
(860) 273-7546 ext. [Phone] FEIN Number: 06-6033492

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Aetna Life Insurance Company	\$50.00	10/31/2008	23634890

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/03/2008	11/03/2008

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Disposition

Disposition Date: 11/03/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	AENX-125882231	State:	Arkansas
Filing Company:	Aetna Life Insurance Company	State Tracking Number:	40733
Company Tracking Number:	AH AR0079201F01		
TOI:	H04 Health - Blanket Accident/Sickness	Sub-TOI:	H04.001 Student
Product Name:	2008 Student Health		
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	General Provisions	Approved-Closed	Yes
Form	General Provisions	Approved-Closed	Yes
Form	General Provisions	Approved-Closed	Yes
Form	AD&D Expense Benefit	Approved-Closed	Yes
Form	AD&D Expense Benefit	Approved-Closed	Yes
Form	AD&D Expense Benefit	Approved-Closed	Yes
Form	Exclusions and Limitations	Approved-Closed	Yes
Form	Exclusions and Limitations	Approved-Closed	Yes
Form	Sturden Accident and Sickness	Approved-Closed	Yes

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Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	GR-96134 [2070-1] ED. 8-08	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	General Provisions	Initial		0	GR-96134 [2070-1] ED_8-08.PDF
Approved-Closed	GR-96134 [2075-1] ED. 8-08	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	General Provisions	Initial		0	GR-96134 [2075-1] ED_8-08.PDF
Approved-Closed	GR-96134 [2080-1] ED. 8-08	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	General Provisions	Initial		0	GR-96134 [2080-1] ED_8-08.PDF
Approved-Closed	GR-96134 [2095-1] ED. 8-08	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	AD&D Expense Benefit	Initial		0	GR-96134 [2095-1] ED_8-08.PDF
Approved-Closed	GR-96134 [2095-2] ED. 8-08	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	AD&D Expense Benefit	Initial		0	GR-96134 [2095-2] ED_8-08.PDF
Approved-Closed	GR-96134 [2100-1]	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	AD&D Expense Benefit	Initial		0	GR-96134 [2100-1] ED_

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i[STUDENT ACCIDENT AND SICKNESS INSURANCE]

[SECTION 5 - GENERAL PROVISIONS (Continued)]

[PAYMENT OF PREMIUMS. The Policyholder will pay premiums in advance. They may be paid at Aetna's Home Office; or to its authorized agent. A premium is due to be paid on the first day of each Policy month. The Policyholder may change the number of premium payments as of a premium due date. This needs Aetna's written consent.

RENEWAL OF POLICY. With Aetna's consent; this Policy may be renewed for like periods by payment of the renewal premium at the premium rate in effect at that time. This renewal premium must be paid within the grace period. Aetna also has the right to refuse to renew this Policy.

GRACE PERIOD. The premium due date will be negotiated by Aetna and the Policyholder. The grace period of 31 days will be granted for the payment of each premium falling due after the first premium. During that period; this Policy shall continue in force. The Policyholder shall be liable to Aetna for the payment of the premium for the period this Policy continues in force.

NOTICE OF CLAIM. Written notice of claim must be given to Aetna within 30 days after the occurrence or commencement of any loss covered by this Policy; or as soon thereafter as is reasonably possible. Notice given by or on behalf of the claimant or the beneficiary to Aetna at its Home Office in Hartford, Connecticut or to its authorized agent; with information sufficient to identify the **covered person**; shall be deemed notice to Aetna.

CLAIM FORMS. Upon receipt of a written notice of claim; Aetna or its authorized agent will give the claimant such forms as are usually given for filing proofs of loss. If such forms are not given within 15 days after the receipt of such notice; the claimant can fulfill the terms of this Policy as to proof of loss by giving written proof of: (i) the occurrence of the loss; and (ii) the nature of the loss; and (iii) the extent of the loss.

ASSIGNMENT - An assignment is the transfer of the **covered student's** rights under this Policy to a person the **covered student** names. You may assign, as a gift, all ownership of your accidental death and dismemberment benefit coverage. **Aetna** and the Policyholder must give written consent to the assignment.

To request assignment of accidental death and dismemberment benefit coverage the **covered student** must complete an assignment form. Forms are available from the **covered student's** school. The **covered student** must send the completed form to **Aetna** for consent. The **covered student** may wish to contact legal counsel prior to assigning their accidental death benefit coverage rights. Neither the Policyholder nor **Aetna** guarantees or assumes any obligation concerning the sufficiency or validity of any assignment for purposes of the **covered student's** tax or estate planning.

All other coverage may be assigned only with the written consent of **Aetna**.]

[STUDENT ACCIDENT AND SICKNESS INSURANCE]

[SECTION 5 - GENERAL PROVISIONS (Continued)]

[REINSTATEMENT.] If any renewal premium be not paid within the time granted the Policyholder for payment; a subsequent acceptance of premium by Aetna or by any agent duly authorized by Aetna to accept such premium; without requiring in connection therewith an application for reinstatement; shall reinstate the Policy. Provided; however; that if Aetna or such agent requires an application for reinstatement and issues a conditional receipt for the premium tendered; the Policy will be reinstated upon approval of such application by Aetna or; lacking such approval; upon the forty-fifth day following the date of such conditional receipt unless Aetna has previously notified the Policyholder in writing of its disapproval of such application. The reinstated Policy shall cover only loss resulting from such accidental **injury** as may be sustained after the date of reinstatement and loss due to such **sickness** as may begin more than 10 days after such date. In all other respects; the Policyholder and Aetna shall have the same rights thereunder as they had under the Policy immediately before the due date of the defaulted premium; subject to any provisions endorsed hereon or attached hereto in connection with the reinstatement. Any premium accepted in connection with the reinstatement shall be applied to a period for which premium has not been previously paid; but not to any period for more than 60 days prior to the date of reinstatement.

PROOFS OF LOSS. Written proof of loss must be given to Aetna at Aetna's Home Office within 90 days after the date of such loss. Failure to give such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time. However, proof must be given as soon as reasonably possible and in no event; except in the absence of legal capacity; later than 1 year after the deadline. Otherwise; late claims will not be covered.

TIME OF PAYMENT OF CLAIMS. Benefits payable under this Policy will be paid as they accrue and as soon as due written proof of such loss has been received by Aetna or its authorized agent.

PAYMENT OF CLAIMS. All benefits will be paid to the **covered student**. All or a portion of the benefits; if any; provided by this Policy may be paid directly to the hospital or person upon whose charges the claim is based or to the person who made payment on behalf of the **covered student**. The **covered person** must make a written request to Aetna before Aetna can do this. Aetna must receive the request no later than the time for filing proof of loss. If the **covered student** dies; Aetna will pay any accrued benefits at the time of death to the beneficiary or; if no beneficiary is designated and surviving the **covered student**, then as follows:

- a) the **covered student's** parents or legal guardian; if a minor;
- b) otherwise to the **covered student's** estate.

RECOVERY OF OVERPAYMENT. If a benefit payment is made by Aetna; to or on behalf of any **covered person**; which exceeds the benefit amount such **covered person** is entitled to receive in accordance with the terms of the group contract; Aetna has the right:

to require the return of the overpayment on request
to reduce by the amount of the overpayment, any future benefit payment made to or on behalf of that **covered person** or another person in his or her family.

Such right does not affect any other right of recovery Aetna may have with respect to such overpayment.

PHYSICAL EXAMINATION AND AUTOPSY. For a pending death claim, Aetna may have an autopsy performed unless forbidden by law. At Aetna's expense; Aetna has the right to have a **physician** examine a **covered person** when and so often as Aetna deems reasonably necessary; while there is a claim pending under this Policy.

LEGAL ACTIONS. No one may sue Aetna for payment of claim: (i) less than 60 days after due proof of claim is furnished; or (ii) more than 3 years after the date proof of claim is required by this Policy.

RECORDS MAINTAINED. The Policyholder shall maintain records of each person covered. The records shall show all data that is needed to administer this Policy.]

**[STUDENT ACCIDENT AND SICKNESS INSURANCE]
[SECTION 5 - GENERAL PROVISIONS (Continued)]**

[Records. The Policyholder agrees to submit to Aetna within [XX] days after the effective date of each **covered person's** insurance: (1) the name of each student who applied for coverage hereunder; (2) the effective date of insurance; and (3) the premium paid as to each such **covered person**. The insurance of those **covered person's** whose names and premiums were received more than [XX] days after the date the insurance would have become effective will take effect on the date such name and premium is received by Aetna or an agent of Aetna except as may otherwise be provided above. This includes, but is not limited to, information needed to enroll **covered person's** of the Policyholder, process terminations, and effect changes in family status.

The Policyholder represents that all enrollment and eligibility information that has been or will be supplied to Aetna is accurate. The Policyholder acknowledges that Aetna can and will rely on such enrollment and eligibility information in determining whether a person is eligible for coverage under this Policy. To the extent such information is supplied to Aetna by the Policyholder (in electronic or hard copy format), the Policyholder agrees to:

- Maintain a reasonably complete record of such information (in electronic or hard copy format, including evidence of eligibility, changes to such elections and terminations) for at least seven years or until the final rights and duties under this Policy have been resolved, and to make such information available to Aetna upon request.
- If applicable, obtain from all students an "Disclosure of Healthcare Information" authorization in the form currently being used by Aetna in the enrollment process (or such other form as Aetna may reasonably approve).

Aetna will not be liable to students for the fulfillment of any obligation prior to information being received in a form satisfactory to Aetna. The Policyholder must notify Aetna of the date in which a **covered student's** withdrawal from school for the purpose of termination of coverage under this Policy.

EXAMINATION AND AUDIT. Aetna shall be allowed to examine and audit the Policyholder's books and records which pertain to this Policy at reasonable times. Aetna must also be allowed to do this within three years after the later of: (i) the date this Policy terminates; or (ii) until final settlement of all claims hereunder.

POLICYHOLDER ERROR. Clerical errors will not affect coverage in any way.

NOT IN LIEU OF WORKERS COMPENSATION. This Policy is not a Worker's Compensation Policy. It does not provide Worker's Compensation benefits.

REIMBURSEMENT AND SUBROGATION. When a **covered person's** **injury** appears to be someone else's fault, benefits otherwise payable under this Policy for **Covered Medical Expenses** incurred as a result of that **injury** will not be paid unless the **covered person** or his legal representative agrees:

- (a) to repay Aetna for such benefits to the extent they are for losses for which compensation is paid to the **covered person** by or on behalf of the person at fault;
- (b) to allow Aetna a lien on such compensation and to hold such compensation in trust for Aetna; and
- (c) to execute and give to Aetna any instruments needed to secure the rights under (a) and (b).

Further, when Aetna has paid benefits to or on behalf of the injured **covered person**, Aetna will be subrogated to all rights or recovery that the **covered person** has against the person at fault. These subrogation rights will extend only to recovery of the amount Aetna has paid. The **covered person** must execute and deliver any instruments needed and do whatever else is necessary to secure those rights to Aetna.

INSURANCE FRAUD. When the **covered person** or the Policyholder knowingly and with intent to defraud an insurance company or other person: provide Aetna with false information; or files a claim for benefits that contains any material false information; or conceals for the purpose of misleading, information concerning any material fact such **covered person** or Policyholder commits insurance fraud. It is a crime for the **covered person**, or the Policyholder to commit insurance fraud and may subject such person to criminal and civil penalties. Such penalties include, but are not limited to fines, denial or termination of insurance benefits, recovery of any amounts paid, civil damages, criminal prosecution and penalties. **Aetna** shall have the right to use all means available to it to detect, investigate, deter and prosecute those who commit insurance fraud. **Aetna** shall have the right to pursue all legal remedies if you and/or the policyholder perpetrate insurance fraud.]

**[STUDENT ACCIDENT INSURANCE PROVISIONS CONCERNING]
[SECTION 6 - COVERAGE]**

[ACCIDENTAL DEATH AND DISMEMBERMENT EXPENSE BENEFIT]

[Aetna will pay this benefit for **injuries** to a **covered person** occurring worldwide which are:

- (a) caused by an **Accident** which happens while the **covered person** is covered by this Policy; and
- (b) which directly, and from no other cause, result in any of the losses listed below, within [90 -365] days of the **Accident**.

The amount of this benefit is shown in the table below.

LOSS	BENEFIT
Life	the principal sum shown in the Schedule of Benefits
Two or more members.....	one half the principal sum
One eye.....	one fifth the principal sum
Thumb and index finger of the same hand.....	one fifth the principal sum

"Member" means hand, foot or eye. Loss of a hand or foot means complete severance through or above the wrist or ankle joint. Loss of an eye means the total, permanent loss of sight in the eye. Loss of a thumb or index finger means complete severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand).

Life	the principal sum shown in the Schedule of Benefits
Both hands or both feet or sight of both eyes	the principal sum shown in the Schedule of Benefits
One hand and one foot	the principal sum shown in the Schedule of Benefits
One hand or foot and sight of one eye	the principal sum shown in the Schedule of Benefits
Speech and hearing.....	the principal sum shown in the Schedule of Benefits
One hand or one foot	one-half the principal sum
Speech or hearing	one-half the principal sum
Sight of one eye.....	one-half the principal sum
Thumb and index finger of same hand.....	one-quarter the principal sum

Loss means:

- Loss of life;
- Loss of a hand by actual and permanent severance [at or above the wrist joint] [of all four fingers at or above the knuckles joining each to the hand];
- Loss of a foot by actual and permanent severance at or above the ankle joint;
- Complete and irrecoverable loss of sight in the eye;
- Total and permanent loss of speech, or loss of hearing in both ears
- Loss of the thumb and index finger of the same hand by actual and permanent severance at or above the metacarpophalangeal joint of both fingers.

Loss of speech or hearing is considered permanent if it has lasted for 12 months in a row, unless the attending **physician** states otherwise.]

[STUDENT ACCIDENT INSURANCE PROVISIONS CONCERNING]
[SECTION 6 - COVERAGE]

[ACCIDENTAL DEATH AND DISMEMBERMENT EXPENSE BENEFIT]

[If a **covered person** suffers more than one loss from an **Accident**, Aetna will only pay for the loss with the larger benefit.

Benefits for loss of life shall be paid to the surviving beneficiary(ies). If no beneficiary is designated and surviving the **covered person**, the benefit shall be paid to the **covered person's** parents or guardian if the **covered person** is a minor or to the **covered person's** estate.

All other benefits are payable to the **covered person**.

Change of Beneficiary - The **covered person** has the right to select or change the beneficiary, he or she does not need the beneficiary's consent. Any such selection or change must be in writing. Aetna will not be bound until Aetna has received a signed copy of it. Aetna is not responsible for its validity or sufficiency.

This coverage is only for losses caused by **accidents**. No benefits are payable for a loss caused or contributed to by:

- A bodily or mental infirmity.
- A disease, ptomaine, or bacterial infection.*
- Medical or surgical treatment.*
- Suicide or attempted suicide (while sane or insane).
- An intentionally self-inflicted **injury**.
- A war or any act of war (declared or not declared).
- Inhalation of poisonous gases.
- Commission of or attempt to commit a criminal act.
- Insurrection, rebellion or taking part in a riot or civil commotion.

* These do not apply if the loss is caused by:

- An infection which results directly from the **injury**.
- Surgery needed because of the **injury**.

The **injury** must not be one which is excluded by the terms of this section.]

**[STUDENT ACCIDENT INSURANCE PROVISIONS CONCERNING]
[SECTION 6 - COVERAGE]**

[ACCIDENTAL DEATH AND DISMEMBERMENT EXPENSE BENEFIT]

- [Use of alcohol, intoxicants, or drugs, except as prescribed by a physician. An **accident** in which the blood alcohol level of the operator of the **motor vehicle** meets or exceeds the level at which intoxication would be presumed under the law of the state where the **accident** occurred shall be deemed to be caused by the use of alcohol.

A **motor vehicle** is a vehicle that is a registered and licensed vehicle and is: (1) a passenger land vehicle of pleasure design which includes autos, vans, four-wheel drive vehicles, and self-propelled motor homes; or (2) a truck or commercial design.

The following will not be considered to be a **motor vehicle**: a motor vehicle which has been altered and no longer meets the licensing and registration requirements; a motorcycle; an "ATV" All Terrain Vehicle; a military vehicle; a vehicle while being used for farming or racing or any other type of competitive event.

- Business travel.
- Intended or accidental contact with nuclear or atomic energy by explosion and/or release.
- Air or space travel. This does not apply if a person is a passenger, with no duties at all, on an aircraft being used only to carry passengers (with or without cargo).

* These do not apply if the loss is caused by:

- An infection which results directly from the **injury**.
- Surgery needed because of the **injury**.

The **injury** must not be one which is excluded by the terms of this section.]

[A **covered person's** loss due to unavoidable exposure to [natural] [or chemical] elements will be deemed to be accidental if the exposure was a direct result of an **accident** for which a benefit is otherwise payable under this Policy.

If:

- a **covered person** disappear as a direct result of the accidental disappearance, stranding, forced landing, wrecking, sinking, or breakdown of the conveyance in which the **covered person** was an occupant; and
- there is no contrary evidence about the circumstances of the disappearance within one year of the **accident**; and
- **covered person's** body, is not found within one year of the **accident**;

the disappearance will be deemed an accidental death.]

[STUDENT ACCIDENT AND SICKNESS INSURANCE]
[SECTION 7 - EXCLUSIONS AND LIMITATIONS]

[This Policy does not cover nor provide benefits for:

1. Expense incurred as a result of dental treatment; [except for treatment resulting from **injury to sound; natural teeth** or for extraction of impacted wisdom teeth as provided elsewhere in this Policy.
2. Expense incurred for services normally provided without charge by the Policyholder's Health Service; Infirmary or **Hospital**; or by health care providers employed by the Policyholder.
3. Expense incurred for eye refractions; vision therapy; radial keratotomy; eyeglasses; contact lenses (except when required after cataract surgery); or other vision or hearing aids; or **prescriptions** or examinations except as required for repair caused by a covered **injury**.
4. Expense incurred as a result of **injury** due to active participation in a riot. ["Active participation in a riot" means taking part in a riot in any way; including inciting the riot or conspiring to incite it. It does not include actions taken in self-defense; so long as they are not taken against persons who are trying to restore law and order.]
5. Expense incurred as a result of an **accident** occurring in consequence of [riding as a passenger or otherwise in any vehicle or device for aerial navigation; except as a fare-paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route.] [air or space travel. This does not apply if a person is passenger, with no duties at all, or an aircraft being used to carry passengers (with or without cargo).]
6. Expense incurred for [**accident**] [**injury** or **sickness**] resulting from declared or undeclared war or any act thereof.
7. Expense incurred as a result of an **injury** or **sickness** due to working for wage or profit or for which benefits are payable under any Workers' Compensation or Occupational Disease Law.
8. Expense incurred as a result of an **injury** sustained or **sickness** contracted while in the service of the Armed Forces of any country. Upon the **covered person** entering the Armed Forces of any country; the unearned pro-rata premium will be refunded to the Policyholder.
9. Expense incurred for treatment provided in a governmental **hospital** unless there is a legal obligation to pay such charges in the absence of insurance.
10. Expense incurred for **elective treatment** or elective surgery except as specifically provided elsewhere in this Policy and performed while this Policy is in effect.
11. Expense incurred for cosmetic surgery; reconstructive surgery; or other services and supplies which improve; alter; or enhance appearance; whether or not for psychological or emotional reasons; except to the extent needed to:

Improve the function of a part of the body that:

is not a tooth or structure that supports the teeth; and
is malformed:

as a result of a severe birth defect; including harelip; webbed fingers; or toes; or

as direct result of:

disease; or
surgery performed to treat a disease or **injury**.]

[STUDENT ACCIDENT AND SICKNESS INSURANCE]

[SECTION 7 - EXCLUSIONS AND LIMITATIONS (Continued)]

[Repair an **injury** (including reconstructive surgery for prosthetic device for a **covered person** who has undergone a mastectomy;) which occurs while the **covered person** is covered under this Policy. Surgery must be performed:
in the calendar year of the accident which causes the **injury**; or
in the next calendar year.

12. Expense covered by any other valid and collectible medical; health or accident insurance to the extent that benefits are payable under other valid and collectible insurance whether or not a claim is made for such benefits.
13. Expense for **injuries** sustained as the result of a motor vehicle accident to the extent that benefits are payable under other valid and collectible insurance whether or not claim is made for such benefits.
14. Expense incurred as a result of preventive medicines; serums; vaccines or oral contraceptive.
15. Expense incurred as a result of commission of a felony.
16. Expense incurred for voluntary or elective abortions unless otherwise provided in this Policy.
17. Expense incurred after the date insurance terminates for a **covered person** except as may be specifically provided in the Extension of Benefits Provision.
18. Expense incurred for services normally provided without charge by the school and covered by the school fee for services.
19. Expense incurred for any services rendered by a member of the **covered person's** immediate family or a person who lives in the **covered person's** home.
20. Expense incurred for a treatment; service; or supply which is not **medically necessary** as determined by Aetna; for the diagnosis care or treatment of the **sickness** or **injury** involved. This applies even if they are prescribed recommended or approved by the person's attending **physician** or **dentist**.
21. Expense incurred as a result of suicide; attempted suicide or intentionally self inflicted **injury** whether sane or not.
22. Expense incurred for **injury** resulting from the play or practice of collegiate or intercollegiate sports; including collegiate or intercollegiate club sports and intermurals.
23. Expense incurred by a **covered person** not a United States Citizen for services performed within the **covered person's** home country.
24. Expense incurred for treatment of temporomandibular joint dysfunction and associated myofascial pain.
25. Expense incurred for **injury** resulting from the use of:

Drugs, except as prescribed by a **physician**;
Alcohol; or
Intoxicants.

[STUDENT ACCIDENT AND SICKNESS INSURANCE]

[SECTION 1 - SCHEDULE OF BENEFITS]

[All full-time students of ABC University

Subject to the terms of this Policy, benefits are available for you and your eligible dependents only for the coverages listed below; and only up to the maximum amounts shown. The coverage sections of this Policy contain a complete description of the benefits available.

No person may be covered as both a **covered student** and as a **dependent**; and no person may be covered as a **dependent** of more than one **covered student**.

**SCHEDULE OF ACCIDENT BENEFITS
PLAN LEVEL LIMITS**

FOR COVERED STUDENTS AND DEPENDENTS

Accidental Death and Dismemberment

Covered Student Principal Sum	\$1,000 - \$50,000
Dependent Principal Sum	\$1,000 - \$50,000

The amount of Accidental Death and Dismemberment insurance for a **dependent** will not be more than the **covered student's** amount of Accidental Death and Dismemberment insurance.

Overall Aggregate Maximum Benefit for all Accidental Death and Dismemberment losses: 5 - 25 times the Principal Sum]

<i>SERFF Tracking Number:</i>	<i>AENX-125882231</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40733</i>
<i>Company Tracking Number:</i>	<i>AH AR0079201F01</i>		
<i>TOI:</i>	<i>H04 Health - Blanket Accident/Sickness</i>	<i>Sub-TOI:</i>	<i>H04.001 Student</i>
<i>Product Name:</i>	<i>2008 Student Health</i>		
<i>Project Name/Number:</i>	<i>2008 Student Health/AH AR0079201F01</i>		

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AENX-125882231</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40733</i>
<i>Company Tracking Number:</i>	<i>AH AR0079201F01</i>		
<i>TOI:</i>	<i>H04 Health - Blanket Accident/Sickness</i>	<i>Sub-TOI:</i>	<i>H04.001 Student</i>
<i>Product Name:</i>	<i>2008 Student Health</i>		
<i>Project Name/Number:</i>	<i>2008 Student Health/AH AR0079201F01</i>		

Supporting Document Schedules

Satisfied -Name:	Certification/Notice	Review Status:	
		Approved-Closed	11/03/2008

Comments:

Attachments:

AR - READABILITY CERTIFICATION.PDF
AR - NAIC TRANSMITTAL DOC.PDF
AR - NAIC FORM FILING ATTACHMENT.PDF

Bypassed -Name:	Application	Review Status:	
Bypass Reason:	not applicable	Approved-Closed	11/03/2008

Comments:

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Aetna Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
GR-96134 [2070-1] ED. 8-08	0
GR-96134 [2075-1] ED. 8-08	0
GR-96134 [2080-1] ED. 8-08	0
GR-96134 [2095-1] ED. 8-08	0
GR-96134 [2095-2] ED. 8-08	0
GR-96134 [2100-1] ED. 8-08	0
GR-96134 [2940-1] ED. 8-08	0
GR-96134 [2945-1] ED. 8-08	0
GR-96134 [1510-1] ED. 8-08	0

Signed: _____
Name: _____
Title: _____

Date: _____

Life, Accident & Health, Annuity, Credit Transmittal Document

1. Prepared for the State of	Arkansas
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2.	Department Use Only
	State Tracking ID

3. Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
Aetna Life Insurance Company 151 Farmington Avenue Hartford CT 06156	CT		001	60054	06-6033492	

4. Contact Name & Address	Telephone #	Fax #	E-mail Address
John Ciesielski 151 Farmington Avenue, Mail Stop RW61 Hartford CT 06156	860-279-1282	860-952-2069	CiesielskiJW@Aetna.com

5. Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval	<input type="checkbox"/> File & Use	<input type="checkbox"/> Informational
	<input type="checkbox"/> Combination (please explain): _____		
	<input type="checkbox"/> Other (please explain): _____		

6. Company Tracking Number	AH AR0079201F01
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7.	<input type="checkbox"/> New Submission	<input type="checkbox"/> Resubmission	Previous file # _____
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8. Market	<input type="checkbox"/> Individual	<input type="checkbox"/> Franchise
	Group	<input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input checked="" type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____

9. Type of Insurance	H04 Health - Blanket Accident/Sickness
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10. Product Coding Matrix Filing Code	H04.001 Student
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11. Submitted Documents	<input type="checkbox"/> <u>FORMS</u> <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other: _____
	<input type="checkbox"/> <u>RATES</u> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate
	<input type="checkbox"/> <u>FILING OTHER THAN FORM OR RATE:</u> Please explain: _____
	<u>SUPPORTING DOCUMENTATION</u> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreement <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____

12.	Filing Submission Date	
13.	Filing Fee (If required)	Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
14.	Date of Domiciliary Approval	
15.	Filing Description:	
	<p>The purpose of this filing is to both extend the availability of accidental death and dismemberment coverage to dependents of covered students at the policyholder's election, and to include additional policyholder options, such as:</p> <ul style="list-style-type: none"> · An overall aggregate maximum benefit for all accidental death and dismemberment losses; · a new accidental death and dismemberment loss schedule and definition; · administrative provisions for assignment of benefits and fraud; · additional exclusions; · additional accidental death and dismemberment benefits for exposure and disappearance. 	

16.	Certification (If required)	
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p>		
<p>Print Name <u>John Ciesielski</u> Title <u>Product and Regulatory Affairs Manager</u></p>		
<p>Signature _____ Date _____</p>		

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		AH AR0079201F01
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	General Provisions	GR-96134 [2070-1] ED. 8-08	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02	General Provisions	GR-96134 [2075-1] ED. 8-08	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03	General Provisions	GR-96134 [2080-1] ED. 8-08	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04	AD&D Expense Benefit	GR-96134 [2095-1] ED. 8-08	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05	AD&D Expense Benefit	GR-96134 [2095-2] ED. 8-08	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06	AD&D Expense Benefit	GR-96134 [2100-1] ED. 8-08	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07	Exclusions and Limitations	GR-96134 [2940-1] ED. 8-08	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08	Exclusions and Limitations	GR-96134 [2945-1] ED. 8-08	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09	Student Accident and Sickness	GR-96134 [1510-1] ED. 8-08	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	